



Changes in Trends of HIV/AIDS in the Population 50 and Over in New Jersey

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ABSTRACT

Introduction: HIV infection is growing relatively fast among seniors. Among the clinical implications are that older patients have less ability to fight infection and the number of co-morbid conditions increases with age. Other medications may interfere with HIV therapy. HIV/AIDS educational programs have overlooked older New Jerseyans while health providers do not adequately explore risk behaviors among seniors.

Methods: An HIV case is a person diagnosed and reported with HIV infection. An AIDS case has HIV infection and has been diagnosed with an AIDS-defining opportunistic infection or meets the clinical definition of AIDS. An HIV/AIDS case is diagnosed and reported with either HIV or AIDS.

Results: There were 1,051 New Jerseyans 50 or over living with HIV/AIDS in 1992 and 6,534 by 2002. Of persons 50 and over living with HIV/AIDS in 2002, 1/3 were 50 or over at diagnosis. The remaining 2/3 were diagnosed while younger, but lived to be at least 50. In 1992, 5.8% of HIV-infected males who had IDU as the mode of exposure were aged 50 or over; by 2002, almost one-third of all male IDUs living with HIV/AIDS were 50 and over. More females aged 50 and over living with HIV/AIDS in 2002 were exposed through heterosexual contact than through any other mode, followed by IDU.

Conclusions: Prevention programs should be presented in places where seniors live. Health providers should be educated on the need for risk assessments for older patients, as well as on the need for communicating prevention messages, referring older patients for substance abuse treatment services and facilitating partner notification.

INTRODUCTION

❖ HIV/AIDS has implications for older persons because:

- The body has less ability to fight infection as age increases and the immune system weakens.
- Older people tend to have more chronic conditions than younger people, and to be taking medications for these conditions. These medications may interfere with HIV therapy.
- Many of the symptoms of HIV/AIDS (e.g., fatigue and weight loss) may be viewed as a normal part of the aging process, so a diagnosis may be overlooked or delayed.

❖ Research has shown that current standard treatments work well for persons 50 and over¹ and the use of highly active antiretroviral treatment has substantially improved the survival rate for older persons which supports the importance of treatment in this group².

❖ National data on HIV/AIDS in the older population show:

- The population aged 50 and over accounted for 15.2% of newly diagnosed AIDS cases in adolescents and adults in the country (by age at the time of diagnosis) in 2000³
- The 50+ population accounted for 18.9% of persons living with AIDS in 2000⁴
- Persons over 50 were only 1/5 as likely to have been tested for HIV as persons in their 20s with similar risks (National AIDS Behavioral Surveys)⁵

❖ Among the older population, studies show:

- The older group is less knowledgeable about HIV/AIDS and STDs than younger people^{6,7}
- HIV/AIDS educational and prevention programs are not directed toward the older population⁸
- Many health providers are reluctant to discuss risk factors with their older patients⁹

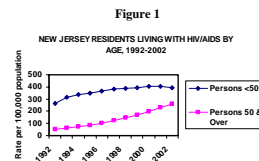
METHODS

❖ New Jersey databases were analyzed to provide state-specific results:

- § The HIV/AIDS Reporting System (HARS)
 - This system defines an HIV case as a person diagnosed as positive with the HIV virus and reported to HARS
 - An AIDS case is defined as an HIV positive person reported to HARS who meets the clinical definition of AIDS
- § The Counseling and Testing Data System

RESULTS

In New Jersey, in 1992 there were 1,051 persons 50 and over living with HIV/AIDS; by 2002 this number had risen to 6,534. While the rate per 100,000 of persons under 50 living with HIV/AIDS increased moderately over the decade, the rate of increase in persons 50 and over was greater (Figure 1).



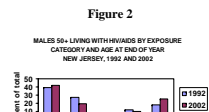
❖ A person can become part of the 50+ group living with HIV/AIDS by:

1. Being diagnosed with HIV and/or AIDS under the age of 50 and surviving to become 50 years or older, or
2. Being diagnosed at the age of 50 or over.

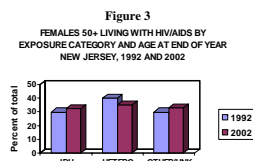
❖ Of persons 50+ in New Jersey living with HIV/AIDS as of June 30, 2003

- 2/3 were under 50 at the time of diagnosis (66.8%)
- 1/3 were 50 or over at diagnosis (33.1%)

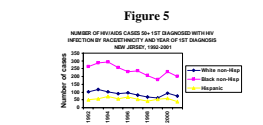
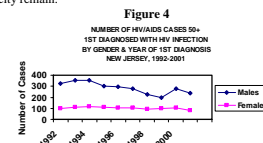
❖ The largest percent of males 50 and over living with HIV/AIDS by exposure category in both 1992 and 2002 was injection drug users, followed by men having sex with men (Figure 2).



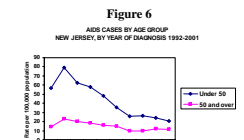
❖ In Figure 3, it can be seen that the major exposure category for females 50 and over living with HIV/AIDS in both 1992 and 2002 was heterosexual activity, followed by injection drug use. Both the male and female exposure category data for persons 50 and over should be viewed with caution, due to the relatively large percentage of persons with other/unknown exposure. The vast majority of these cases have no reported mode of exposure.



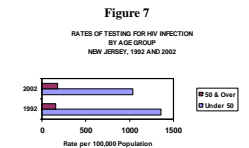
❖ The number of cases of HIV/AIDS in the population 50 and over first diagnosed and reported to the data system by year is shown in Figure 4, by gender, and Figure 5, by race/ethnicity. The number of new cases diagnosed and reported decreased over the period in males and in black non-Hispanics, narrowing the gaps by gender and race/ethnicity. However in 2001, disparities in number of newly reported cases by gender and race/ethnicity remain.



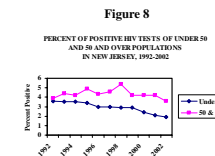
❖ The rates of cases of AIDS in persons under 50 and 50 and over appear to be converging to a similar low rate. There has been little change in the rate in the 50+ population; most of the difference in trend in these two groups is due to the decline in the rate of AIDS cases in the under 50 group (Figure 6).



❖ The rate of testing for HIV infection has declined in the under 50 population over the past decade and increased slightly in the 50 and over population. The rate of testing per 100,000 population in the under 50 group still remained about six times the rate in the 50 and over group in 2002 (Figure 7).



❖ Although testing rates are low in the 50 and over population, the percent of positive tests in this population is higher than in persons under 50. While the percent of positives found in testing done in 1992 was not very different in the older and younger groups, by 2002, there was a substantially higher rate of positives in the older group. The growing gap between the percent positives is primarily due to the decrease in the declining percent of positive tests found in the population under 50; the percent of positives in the 50 and over population has decreased only slightly over the ten-year period (Figure 8).



CONCLUSIONS

The data indicate a need for:

- ❖ Prevention efforts directed toward persons 50 and older
- ❖ Social marketing campaigns that include images and issues related to persons 50 and over
- ❖ Efforts to greatly increase the participation rate of older persons in HIV testing
- ❖ New venues for prevention programs such as churches, health care agencies, senior centers and retirement communities
- ❖ Health care providers to be made aware of the need to offer HIV counseling and testing to patients of all ages

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